

PRODUCTION REPORTING
TRANSMITTAL LETTER
FOR
MAGNETIC MEDIA

INSTRUCTIONS FOR COMPLETING ON REVERSE SIDE

OPERATOR INFORMATION:

OPERATOR NAME: _____

OPERATOR NO's.: _____

ADDRESS: _____

IF PROBLEM ARISES WHILE LOADING THE DATA FILE CONTACT:

NAME: _____

TITLE: _____

PHONE: (_____) _____

AREA CODE

MEDIUM INFORMATION:

REPORT MONTH(S): _____

NUMBER OF DOCUMENTS: _____

NUMBER OF RECORDS: _____

CHECK APPROPRIATE SELECTIONS

DOCUMENTS:

☐
☐
☐

ORIGINAL
MODIFIED
BOTH

REPORT TYPE:

☐
☐

OGOR
3160

CHARACTER SET:

☐
☐

ASCII
EBCDIC

COMPANY ID NO(s): _____

DATE CREATED: _____

MEDIUM TYPE: ENTER DATA OR CHECK APPROPRIATE SELECTION(S)

CARTRIDGE DENSITY (SPECIFY): _____

	DENSITY
DISKETTE* - 3.5 INCH	<input type="checkbox"/> 720 KB
DISKETTE* - 3.5 INCH	<input type="checkbox"/> 1.44 MB
DISKETTE* - 5.25 INCH	<input type="checkbox"/> 360 KB
DISKETTE* - 5.25 INCH	<input type="checkbox"/> 1.2 MB

* ONLY 3160 MAY BE REPORTED ON DISKETTE.

REEL	<input type="checkbox"/> 1600
REEL	<input type="checkbox"/> 6250

AUTHORIZATION:

THE ENCLOSED REPORTS ARE ACCURATE AND COMPLETE.

AUTHORIZING SIGNATURE: _____

DATE: _____

NAME: _____

(PRINTED OR TYPED)

U.S. POSTAL SERVICE MAILING ADDRESS:
MINERALS MANAGEMENT SERVICE
ROYALTY MANAGEMENT PROGRAM
P.O. BOX 17110
DENVER, COLORADO 80217-0110

OVERNIGHT COURIER MAILING ADDRESS:
MINERALS MANAGEMENT SERVICE
ROYALTY MANAGEMENT PROGRAM
DENVER FEDERAL CENTER
6TH AND KIPLING
BUILDING 85, ROOM A-212
DENVER, COLORADO 80225

INSTRUCTIONS FOR COMPLETING THE TRANSMITTAL LETTER

PRINT ALL INFORMATION EXCEPT SIGNATURES.

EACH SUBMISSION MUST HAVE A TRANSMITTAL LETTER.

PROVIDE ALL INFORMATION ACCURATELY.

MISSING OR INACCURATE INFORMATION COULD LEAD TO A DELAY IN PROCESSING.

CALL 800-525-7922 FOR ADDITIONAL INFORMATION

OPERATOR INFORMATION:

OPERATOR NAME: ENTER THE NAME OF LEASE/AGREEMENT OPERATOR.
OPERATOR ADDRESS: ENTER THE MAILING ADDRESS OF THE OPERATOR.
OPERATOR NO(s).: ENTER THE MMS-ASSIGNED OPERATOR IDENTIFICATION NUMBER(s) FOR THE LEASE/AGREEMENT OPERATOR.

CONTACT NAME: ENTER THE NAME OF THE INDIVIDUAL WHOSE NAME APPEARS AS THE CONTACT NAME.

CONTACT TITLE: ENTER THE TITLE OF THE INDIVIDUAL WHOSE NAME APPEARS AS THE CONTACT NAME.
CONTACT PHONE: ENTER THE AREA CODE AND TELEPHONE NUMBER FOR THE CONTACT NAME.

MEDIUM INFORMATION:

REPORT MONTH(S): ENTER THE SPECIFIC REPORT MONTH(S).
IF THERE ARE MULTIPLE MONTHS REPORTED, ENTER "MULTIPLE" OR "VARIOUS".

NUMBER OF DOCUMENTS: ENTER THE NUMBER OF DOCUMENTS WITHIN THE FILE. THIS NUMBER SHOULD EQUAL THE NUMBER OF DOCUMENTS INDICATED ON THE END-OF-FILE TRAILER RECORD.

NUMBER OF RECORDS: ENTER THE NUMBER OF LOGICAL RECORDS WITHIN THE FILE.
INCLUDE THE HEADER, DETAIL, AND TRAILER RECORDS IN THIS COUNT.

DOCUMENTS: SELECT ORIGINAL, MODIFIED OR BOTH (FOR ORIGINAL AND MODIFIED).
REPORT TYPE: SELECT EITHER OGOR OR 3160 FORMAT.
CHARACTER SET: SELECT EITHER ASCII OR EBCDIC CHARACTER SET.
COMPANY ID NO(s).: ENTER THE NUMBER ASSIGNED BY THE OPERATOR TO THE MEDIUM.
DATE CREATED: ENTER THE DATE THE FILE WAS CREATED.
MEDIUM TYPE: ENTER THE TYPE OF MEDIUM USED FOR REPORTING. CHOICES ARE MAGNETIC TAPE, CARTRIDGE OR FLOPPY DISKETTE. MUST SPECIFY DENSITY OR SIZE.

AUTHORIZATION:

AUTHORIZING SIGNATURE: SIGNATURE (OR FACSIMILE SIGNATURE) OF THE INDIVIDUAL AUTHORIZED TO REPORT THE OPERATIONAL DATA

NAME: ENTER THE PRINTED NAME OF THE AUTHORIZING INDIVIDUAL.
DATE: ENTER THE DATE OF AUTHORIZATION.

FOR MMS USE ONLY:

RECEIPT DATE: MMS OFFICIAL DATE RECEIVED.

WARNING: TITLE 30 CFR 216.40 and 218.40 (1992) AND FEDERAL REGISTER / VOL. 56, NO. 129/JULY 5, 1991
PROVIDE THAT ASSESSMENTS MAY BE CHARGED FOR LATE AND ERRONEOUS REPORTING.